

# Kansas School Nurse Survey: 2007- 2008 School Year

Each year the Kansas Department of Health and Environment conducts a survey to assess workforce capacity of school nursing services in the state. Each school nurse who provides face-to-face care to students and/or oversees services provided by ancillary personnel is requested to complete a survey and return it to KDHE. In recent years, the survey has been completed on-line at <http://www.kdheks.gov/c-f/school.html>. The report generated from the data is available on-line and presented at the Annual School Nurse Conference in July. All information provided by school nurses is confidential. Survey results are presented as summary data only.

This year you are requested to enter your survey data between May 1, 2008 and June 1, 2008. **Please print the form, collect your data**, and then enter the data one time, on-line. If you have questions or have corrections on the data you enter, please call 785-296-1300. Thank you very much for your participation.

## Nurse Information

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_

Are you a(n):

- ☐ RN
- ☐ LPN (If you are an LPN, please list the name of your supervisor.)

\_\_\_\_\_

Work Phone (for contact purposes only if needed to clarify a response):

\_\_\_\_\_

Age Range (requested to assess the issue of aging workforce):

- ☐ Under 21
- ☐ 21-30
- ☐ 31-40
- ☐ 41-50
- ☐ 51-60
- ☐ 61-70
- ☐ 71 and over

Level of Education (please check highest nursing level and/or educational level achieved):

- ☐ LPN
- ☐ Associate RN
- ☐ Diploma RN
- ☐ BSN
- ☐ Other Bachelor degree
- ☐ Masters
- ☐ ARNP
- ☐ PhD

During the school year how many hours per week (average) are you contracted to work? \_\_\_\_\_

Are you considered full time

- ☐ Yes
- ☐ No

Do you job share a full time position with other nurses?

- ☐ Yes
- ☐ No

I am employed by (please check all that apply):

- ☐ Local Board of Education
- ☐ Public Health Agency
- ☐ Private Sector (private school or other)
- ☐ Volunteer (no contract)
- ☐ Volunteer (contract)
- ☐ Co-op (employed by a special education co-op to provide supervision of care)

Are you a school nurse coordinator, or health services director?

- ☐ Yes
- ☐ No

### **NURSE COORDINATOR ONLY**

In your role as a school nurse coordinator or health services director, do you provide direct student care for an assigned group of students?

- ☐ I provide direct student care for an assigned group of students (you will continue to complete the survey providing information on the students you assign to yourself). How many hours per week do you provide direct student care? \_\_\_\_\_
- ☐ I do not provide direct student care on a regular basis. (additional questions are related to direct student care, so marking this will end the survey).

Are you responsible for providing school nurse services to a public school?

- ☐ Yes  
☐ No

**Building Information - Public School Nurses answer the following questions:**

If you are responsible for providing nursing services at a public school, please list each by the district number(s), county(ies), building name(s), and number of all students (including preschoolers). For September 20th enrollment information go to <http://www.ksde.org/k12/k12org.html>. **NOTE: THE SURVEY IS NOT ASKING NUMBER OF STUDENTS ASSIGNED BUT NUMBER OF STUDENTS IN THE BUILDING.**

**How many public school buildings are you assigned?** \_\_\_\_\_

District Number: \_\_\_\_\_  
Name of Building to which you are assigned \_\_\_\_\_  
County: \_\_\_\_\_  
Number of students in the building on Sept. 20th \_\_\_\_\_

District Number: \_\_\_\_\_  
Name of Building to which you are assigned \_\_\_\_\_  
County: \_\_\_\_\_  
Number of students in the building on Sept. 20th \_\_\_\_\_

District Number: \_\_\_\_\_  
Name of Building to which you are assigned \_\_\_\_\_  
County: \_\_\_\_\_  
Number of students in the building on Sept. 20th \_\_\_\_\_

District Number: \_\_\_\_\_  
Name of Building to which you are assigned \_\_\_\_\_  
County: \_\_\_\_\_  
Number of students in the building on Sept. 20th \_\_\_\_\_

District Number: \_\_\_\_\_  
Name of Building to which you are assigned \_\_\_\_\_  
County: \_\_\_\_\_  
Number of students in the building on Sept. 20th \_\_\_\_\_

Do you share this student population (that you are reporting on) with another nurse?

- ☐ Yes Other nurses name: \_\_\_\_\_  
☐ No

Are you responsible for providing school nurse services to a private, State or JJA school:

- ☐ Yes
- ☐ No

**Building Information - Private, State and JJA School Nurses answer the Following:**

If you are responsible for providing nursing services at a private, state or JJA school, please list each school by school name, county, building and number of all students (including preschoolers). **NOTE: THE SURVEY IS NOT ASKING NUMBER OF STUDENTS ASSIGNED BUT NUMBER OF STUDENTS IN THE BUILDING.**

**How many Private, State or JJA School buildings do you serve? \_\_\_\_\_**

School Name: \_\_\_\_\_  
County: \_\_\_\_\_  
Name of Building to which you are assigned \_\_\_\_\_  
Number of students in the building on Sept. 20th \_\_\_\_\_

School Name: \_\_\_\_\_  
County: \_\_\_\_\_  
Name of Building to which you are assigned \_\_\_\_\_  
Number of students in the building on Sept. 20th \_\_\_\_\_

School Name: \_\_\_\_\_  
County: \_\_\_\_\_  
Name of Building to which you are assigned \_\_\_\_\_  
Number of students in the building on Sept. 20th \_\_\_\_\_

School Name: \_\_\_\_\_  
County: \_\_\_\_\_  
Name of Building to which you are assigned \_\_\_\_\_  
Number of students in the building on Sept. 20th \_\_\_\_\_

School Name: \_\_\_\_\_  
County: \_\_\_\_\_  
Name of Building to which you are assigned \_\_\_\_\_  
Number of students in the building on Sept. 20th \_\_\_\_\_

Do you share this student population (that you are reporting on) with another nurse?

- ☐ Yes Other nurses name: \_\_\_\_\_
- ☐ No

## Health Screening Data

During the 2007-08 school year, how many students were referred following a health screening and how many of these students were subsequently seen by a health care professional (including preschoolers)?

Please complete in such a manner that student numbers are not duplicated if you share the student population with another nurse.

Total Number of Students Screened (do not include rescreenings) \_\_\_\_\_

\*Vision \_\_\_\_\_

\*Hearing \_\_\_\_\_

\*Oral Health \_\_\_\_\_

Scoliosis \_\_\_\_\_

Height/Weight \_\_\_\_\_

Number Referred to a Health Care Professional:

\*Vision \_\_\_\_\_

\*Hearing \_\_\_\_\_

\*Oral Health \_\_\_\_\_

Scoliosis \_\_\_\_\_

Height/Weight \_\_\_\_\_

Number Seen by a Health Care Professional:

\*Vision \_\_\_\_\_

\*Hearing \_\_\_\_\_

\*Oral Health \_\_\_\_\_

Scoliosis \_\_\_\_\_

Height/Weight \_\_\_\_\_

\* = health screenings mandated by Kansas statute

If BMI is calculated, please provide the number of students in each of the following percentiles (do not include repeat calculations):

Less than 5th Percentile: \_\_\_\_\_

5th to 84th Percentile: \_\_\_\_\_

85th to 94th Percentile: \_\_\_\_\_

95th Percentile or Greater: \_\_\_\_\_

## Number of Students That Received Health Care Services

The purpose of this question is to determine the level of care provided by the school nurse **for entire 2007-2008 school year**. (call 785-296-1300 if this is a concern for you).

The RN determines the level of care provided to each student. Do not include general screenings (ex. vision, hearing, etc.). The total of all students, in all levels, added together will equal the total number of students (unduplicated count) that received health care services from the school nurse during this period.

Each student should be counted only once. If the student has multiple health conditions, count the student one time for the highest level of care received. We realize that there are emergency situations and would like them recorded using this example: a student gets a broken nose, they are not a chronic care student – they should be counted under level 1 --- if the student with the broken nose is already level 4---keep them at level 4.

Please complete in such a manner that student numbers are not duplicated if you share the student population with another nurse.

**Level 4** - How many students were served with a known chronic health condition that requires a frequent nursing task or procedure that can not be delegated? (see: KAR 65-15-102 Delegation Procedures : <http://www.ksbn.org/npa/pages/60-15-102.pdf>)

Number of Students: \_\_\_\_\_

**Level 3** - How many students were served with a known chronic condition that require a frequent nursing task or procedure that can be delegated? (e.g. oral medication, prn inhalers, catheterization, tube feeding, etc.)

Number of Students: \_\_\_\_\_

**Level 2** - How many students were served with a known chronic condition with an Individualized Healthcare Plan (IHP) but not requiring frequent nursing care?

Number of Students: \_\_\_\_\_

**Level 1** - How many students were served with no identified chronic health concerns (e.g. students that are generally healthy?)

Number of Students: \_\_\_\_\_

### Visit and Protocol Information

The information on this page should be **for entire 2007-2008 school year.**

Total number of students that visited the health room (Count each student one time. Do not count teachers or other staff). \_\_\_\_\_

Total number of visits to the health room (The same student may be counted more than once. Do not count teachers or other staff.): \_\_\_\_\_

Number of visits resulting in student being sent home: \_\_\_\_\_

Is the school nurse part of the IEP team? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a school nurse protocol in place to assist students in identifying a regular source of medical care (medical home)?

- ☐ Yes
- ☐ No
- ☐ Not Sure

Does your school have a suicide prevention program?

- ☐ Yes
- ☐ No
- ☐ Not Sure

Thank you for response to this survey!